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PTO/SB/21 (08-00)

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*(to be used for all correspondence after initial filing)*

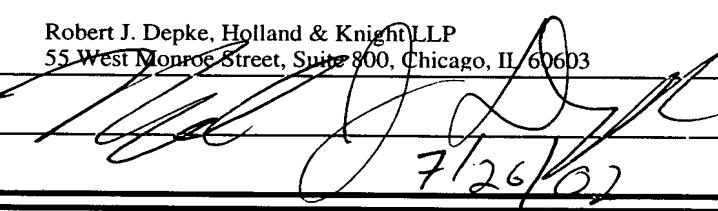
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/ 876,290	
		Filing Date	June 7, 2001	
		First Named Inventor	Yoshiyuki Yanagisawa	
		Group Art Unit	2827	
		Examiner Name	David E. Graybill	
Total Number of Pages in This Submission		10	Attorney Docket Number	075834.00085

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Post Card
<b>Remarks</b>  The Commissioner is hereby authorized to charge any fees due or to credit any overpayment to Deposit Account No. 50-1794.		

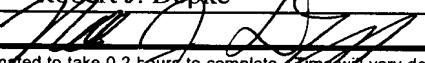
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Robert J. Depke, Holland & Knight LLP 55 West Monroe Street, Suite 800, Chicago, IL 60603
Signature	 7/26/02
Date	July 26, 2002

**CERTIFICATE OF MAILING**

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Typed or printed name	Robert J. Depke (37,607)
Signature	 7/26/02
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# **FEE TRANSMITTAL for FY 2002**

Patent fees are subject to annual revision.

<b>TOTAL AMOUNT OF PAYMENT</b>	(\$)	<b>400.00</b>
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**Complete if Known**

Application Number	09/ 876,290
Filing Date	June 7, 2001
First Named Inventor	Yoshiyuki Yanagisawa
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<b>METHOD OF PAYMENT</b>				<b>FEES CALCULATION (continued)</b>																																																																																																																																	
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <b>501794</b></p> <p>Deposit Account Name <b>Holland &amp; Knight LLP</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>				<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td align="right"><b>SUBTOTAL (3) (\$)</b></td> <td align="right"><b>4,000.00</b></td> </tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840*	115	110	215	55	116	400	216	200	117	920	217	460	118	1,440	218	720	128	1,960	228	980	119	320	219	160	120	320	220	160	121	280	221	140	138	1,510	138	1,510	140	110	240	55	141	1,280	241	640	142	1,280	242	640	143	460	243	230	144	620	244	310	122	130	122	130	123	50	123	50	126	180	126	180	581	40	581	40	146	740	246	370	149	740	249	370	179	740	279	370	169	900	169	900	Other fee (specify) _____				*Reduced by Basic Filing Fee Paid				<b>SUBTOTAL (3) (\$)</b>	<b>4,000.00</b>
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<p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>				<p><b>FEES CALCULATION</b></p> <p>1. BASIC FILING FEE</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td></tr> <tr><td colspan="4"><b>SUBTOTAL (1) (\$)</b> <b>0.00</b></td></tr> </tbody> </table> <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>3</td><td>-20** =</td><td>X</td><td>=</td></tr> <tr><td>1</td><td>-3** =</td><td>X</td><td>=</td></tr> <tr><td colspan="4">Multiple Dependent</td></tr> <tr><td colspan="4"><b>SUBTOTAL (2) (\$)</b> <b>0.00</b></td></tr> </tbody> </table> <p>Large Entity Fee Code (\$)</p> <table border="1"> <thead> <tr> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>Claims in excess of 20</td></tr> <tr><td>Independent claims in excess of 3</td></tr> <tr><td>Multiple dependent claim, if not paid</td></tr> <tr><td>** Reissue independent claims over original patent</td></tr> <tr><td>** Reissue claims in excess of 20 and over original patent</td></tr> <tr><td><b>SUBTOTAL (2) (\$)</b> <b>0.00</b></td></tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101	740	201	370	106	330	206	165	107	510	207	255	108	740	208	370	114	160	214	80	<b>SUBTOTAL (1) (\$)</b> <b>0.00</b>				Total Claims	Extra Claims	Fee from below	Fee Paid	3	-20** =	X	=	1	-3** =	X	=	Multiple Dependent				<b>SUBTOTAL (2) (\$)</b> <b>0.00</b>				Fee Description	Claims in excess of 20	Independent claims in excess of 3	Multiple dependent claim, if not paid	** Reissue independent claims over original patent	** Reissue claims in excess of 20 and over original patent	<b>SUBTOTAL (2) (\$)</b> <b>0.00</b>																																																																							
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*\*\*or number previously paid, if greater; For Reissues, see above*

<b>SUBMITTED BY</b>		<b>Complete if applicable</b>	
Name (Print/Type)	<b>Robert J. Depke</b>	Registration No. (Attorney/Agent)	<b>37,607</b>
Signature		Telephone	<b>(312) 236-3600</b>
		Date	<b>July 26, 2002</b>

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Washington, D.C. 20231**

A large, handwritten signature in black ink, appearing to be "M. J. R. S.", is written over a horizontal line. Below the signature, the words "Attorney for Applicant" are printed in a smaller font.

CHI1 #175132 v2